

CONTRACT DATA SHEETPSC Type (check one): ____New ☒Renewal ____Addendum**Contractor Information**

1. Legal Name of Contractor: University of Louisville Research Foundation, Inc
2. Address: School of Medicine, Division of Forensic Pathology
3. City/ State & Zip: Louisville, KY 40292
4. Contact Person Name & Telephone Number: Jamesetta Ferguson 852-5617
5. Revenue Commission Taxpayer ID#: 881510
6. If registration is not required please explain:
7. Is account in good standing:
8. Federal Tax ID # (SSN if sole proprietor) 61-1029626

Department Information

9. Requesting Department: LMPD - Administration
10. Contact Person Name & Telephone: Pat Triplett 574-2448

Contract Information

11. Not to exceed amount: \$ 150,000.00
12. Are expenses reimbursed? No
13. If yes list allowable expenses and maximum amount reimbursable: N/A
14. Beginning and ending date of the contract: 7/1/2007 to 6/30/2008
15. Coding: 1101-305-2564-256464-521301
16. Scope & Purpose of the contract: clinical forensic medicine of living people

Authorizations

____ County Attorney Review - Approved as to Form:

Department Director: _____ Date: _____

*Signature certifies:*____ *Funds are available*____ *Contractor is registered and in good standing with the Revenue Commission*____ *Human Relations Commission registration requirements have been met*

____ Risk Management Division of Finance - Certifies Insurance requirements satisfied:

Cabinet Secretary : _____ Date: _____

(If applicable)